



WEST VIRGINIA Nursing Scholarship PROGRAM

EMPLOYMENT VERIFICATION FORM

INSTRUCTIONS

To prevent your West Virginia Nursing Scholarship Program award from converting to a loan, you must certify employment in West Virginia as outlined in your promissory note. Recent graduates should verify employment within six months of their graduation date. **A FORM MUST BE SUBMITTED EACH YEAR ON THE ANNIVERSARY MONTH OF THE DATE OF YOUR FIRST EMPLOYMENT UNTIL YOUR SERVICE OBLIGATION IS COMPLETE.** If you have questions about the employment verification process, please email us at nursing@wvhepc.edu.

Section 1 should be completed by the recipient and Section 2 should be completed by an employer supervisor or manager. **EMAIL IS THE PREFERRED METHOD OF RETURNING COMPLETED FORMS TO THE WEST VIRGINIA CENTER FOR NURSING.** You may take a picture and email it from your phone if that is the easiest method available to you. The form can be returned to the West Virginia Center for Nursing in the following ways: **Email:** nursing@wvhepc.edu **Fax:** (855)292-1415

SECTION 1 (TO BE COMPLETED BY RECIPIENT)

| | |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Name of Recipient: _____ | Current Telephone: _____ |
| Current Address: _____ | Current Email Address: _____ |
| _____ | WV Nursing License #: _____ |
| Graduation Date: _____ | Degree Type: <input type="checkbox"/> LPN <input type="checkbox"/> ASN <input type="checkbox"/> BSN <input type="checkbox"/> GRADUATE |
| Place of Employment: _____ | Job Duties: _____ |
| Employment Address: _____ | Work Status: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PER-DIEM |
| <i>(worksite location)</i> _____ | Employment Start Date: _____ |
| Job Title: _____ | Employment End Date (or to "present"): _____ |

I certify that I am employed by the terms of my service obligation and that the information entered above is true.

I will submit employment verification each year on the anniversary month of the date of my first employment each year until my service obligation is fulfilled or I might be required to repay the award plus interest and collection fees as laid out in the terms of my promissory note.

Signature of Recipient _____
Date

SECTION 2 (TO BE COMPLETED BY EMPLOYER SUPERVISOR OR MANAGER)

| | |
|-----------------|----------------------|
| Name: _____ | Telephone: _____ |
| Title: _____ | Email Address: _____ |
| Employer: _____ | |

I certify that the employment information listed above for my employee is correct.

Signature of Supervisor or Manager _____
Date